HIV Prevention Services

HIV/AIDS Surveillance

Newcomer Health

Pharmacy Services

Tuberculosis Control and Prevention

Sexually Transmitted Disease/HIV Field Services

Health Informatics and Integrated Surveillance Systems

HIV Care Services

Division of Disease

P R E V E N T I O N

PROGRAM SUMMARY

2007

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

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Director's Message

Kathryn Hafford, RN, MS

The Division of Disease Prevention experienced a major change in Division leadership during 2007 when, after 26 years as director, Casey Riley decided to take a well-earned retirement. Both central office and field staff have been very supportive through this period of transition, and I am very optimistic for the Division's future.

In 2007, the Division continued to provide leadership and support to local health departments, medical providers and community-based organizations across the state, in the prevention, surveillance and treatment of HIV/AIDS, sexually transmitted diseases, and tuberculosis. The Newcomer Health Program assisted health departments in providing essential health services to refugees and immigrants, and the Central Pharmacy provided medications and vaccines to health departments statewide.

In this document, you will find Division highlights for 2007. Included are updates from each of the program areas, as well as information about new initiatives.

- Virginia was one of 23 jurisdictions to receive a new Expanded HIV Testing grant from the Centers for Disease Control and Prevention (CDC) as part of a national effort to make HIV testing a routine service.
- The formulary for the AIDS Drug Assistance Program (ADAP) was expanded to include mental health medications.
- Revised Regulations for Disease Reporting and Control were implemented in May, resulting in the HIV Surveillance Program now receiving all CD4 and viral load test results.
- Virginia became part of the CDC Gonococcal Isolate Surveillance Project (GISP), enabling it to be included in national gonorrhea resistance data.

These are just a few examples of the Division's 2007 new programs. Please visit the Division's Web site at http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/. Here, you will find more information on our programs, upcoming events and data and statistics.

Sincerely,

Kathryn Hafford, RN, MS

Web Site Information for 2007

The Division of Disease Prevention

http://www.vdh.virginia.gov/Epidemiology/DiseasePrevention/

Month	Visits per month	Visits per day
January	7,573	245
February	9,520	341
March	14,993	485
April	14,993	485
May	25,455	822
June	21,611	722
July	20,602	666
September	16,554	553
October	17,335	560
November	16,465	550
December	15,515	502
Total	**201,289**	

Average per month: 16,531

Average per day: 551

Field Services

Theresa Henry, Director

Field Services is responsible for directing all aspects of confidential HIV and sexually transmitted disease (STD) counseling, testing, partner services, anonymous HIV testing, STD treatment, surveillance, case reporting, technical assistance/consultation, training and quality assurance for local health districts, including special programs for Chlamydia prevention, outbreak response, and viral hepatitis.

SEXUALLY TRANSMITTED DISEASE PREVENTION PROGRAM

- Regional trainings were instituted in early 2007 to enhance communication and provide routine programmatic updates/instructional opportunities for HIV/STD health counselors and supervisors. Each region meets every eight weeks and topics included new grant initiatives, contractor services, legal issues, documentation overviews, policy/procedure reviews, and professional development exercises.

- The Field Services Director continued to serve as a board member on the National Coalition of STD Directors, which provided the Division immediate access to important information on the Quality of Care in STD clinics and HIV/STD Partner Services.

- The 24,579 Chlamydia cases reported during 2007 is a 2% increase when compared to the 24,072 cases reported 2006. This continues a trend, as Virginia has experienced an increase in Chlamydia cases every year since 1998.

- The 407 early syphilis cases reported during 2007 represent a 15% increase over the 353 reported cases in 2006. This increase is in line with national trends and is partially attributed to increases in cases among gay men.

CHLAMYDIA PREVENTION PROGRAM

- The Division Infertility Prevention Program (IPP) Coordinator was elected to chair the Regional IPP Advisory Committee in 2007. Virginia has participated in the U.S. Department of Health and Human Services (HHS) Region III IPP Advisory Committee since 1993. The Committee's goal is to assess and reduce the prevalence of Chlamydia and associated complications in family planning and STD clinic populations and other community-based provider populations through a program consisting of outreach, education, screening and treatment.

Continued, Field Services

- The Committee is composed of family planning grantees, STD program managers, public health laboratory directors, provider representatives and medical consultants. HHS Region III, headquartered in Philadelphia, serves Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia.

- In 2007, 91,848 clients were screened for Chlamydia. The Chlamydia Prevention Program conducts screening services in all STD, family planning and prenatal clinics utilizing age-based screening criteria.

- The Program, in collaboration with Training 3, provided trainings for clinical staff on the most current treatment of STDs, new CDC revised HIV testing recommendations, and the relationship of Human Papillomavirus and the subsequent management.

OUTBREAK RESPONSE

- The Virginia Epidemiology Response Team (VERT) was created to work with local health departments during disease outbreaks. The syphilis outbreak in Lynchburg was detected early enough to control with a short response effort by VERT. The main thrust of the response effort occurred in November and December, with many staff deployed there every week.

- A syphilis awareness media campaign was launched from May 7 to June 3. The campaign consisted of television and radio commercials in the three regions accounting for 88% of Virginia's syphilis morbidity. In northern Virginia, Spanish television and radio campaign were executed in addition to ads being placed on buses. Posters and promotional materials were also provided to community-based organizations (CBO) and local health departments.

- The television and radio ads were viewed over 30 million times. Calls to the hotline in May were the highest ever recorded this decade, and hits to the syphilis web pages had increased by 494% as of June. In addition, the highest number of positive syphilis tests (by day) for the last 10 years were collected during the campaign.

- VERT staff collaborated with CBOs and local health departments to conduct screening events throughout Virginia. Testing for HIV and syphilis were offered at each event. Examples in 2007 include door-to-door screening in Portsmouth and Lynchburg, nightclub screening in Norfolk and Richmond, and multiple community

Continued, Field Services

testing events utilizing the VERT van, custom built for phlebotomy and confidentiality. VERT staff also participated in National HIV Testing Day.

- During 2007, the Division funded two CBOs and one syphilis elimination coalition to provide prevention education to at-risk populations. These organizations provided street and community outreach making over 1,500 contacts. They established rapport, distributed condoms, literature and other prevention materials, and recruited high-risk persons into more intensive interventions.

- VERT staff were deployed in 2007 for the following reasons:

    - **Assistance** mode occurs when a local health department needs personnel resources. VERT responded to requests for assistance in Loudoun, Prince William, Roanoke, Lynchburg, Crater, Chesterfield, Chickahominy, Henrico, Western Tidewater, Norfolk, Portsmouth, Chesapeake, Virginia Beach, Eastern Shore, Peninsula, and Hampton health districts.

    - **Assessment** mode occurs when surveillance early warning systems indicate that an outbreak might be imminent. Specific assessment activities are determined on a case-by-case basis, but may include rapid case finding by VERT epidemiology specialists or intensified case reviews. VERT participated with assessments in Lynchburg, Richmond, Norfolk, Portsmouth, and Virginia Beach.

    - **Outbreak** mode occurs when there is a sudden extraordinary increase in cases in which evidence (gained in Assessment mode) suggests an outbreak is occurring or is imminent. The goal is to rapidly intervene with maximum resources so that the incidence doesn't grow to unmanageable levels. Success is measured by a rapid rise in incidence, followed by a rapid decline. The peak incidence is then compared to historical data to evaluate the magnitude of the cases prevented. In late 2007, VERT responded in outbreak mode in Lynchburg.

Continued, Field Services

HIV PREVENTION COUNSELING, TESTING, REFERRAL, AND PARTNER SERVICES

- HIV Screening Guidelines for non-public health care settings were disseminated in August 2007. The guidance is intended for providers that want to implement routine HIV testing while adhering to Virginia's legal requirements.

- In September, CDC awarded Virginia $706,700 to expand and integrate HIV testing for populations disproportionately affected by HIV, primarily African Americans. The funding period is for a three-year pilot project. The Division plans to test 40,000 persons for HIV in hospital emergency rooms, community health centers, correctional facilities, a substance abuse treatment center and a CBO. To improve the proportion of persons who receive their test results, plans are to expand rapid testing and offer hepatitis C (HCV) testing. The Division is providing technical assistance to the Division of Women's and Infants' Health also received a three-year rapid HIV test grant from the U.S. Office of Public Health Science.

- Publicly funded sites conducted 75,561 HIV tests (serum, oral, and rapid) in 2007 and identified 373 new positives (0.5% positivity rate). Of the 373 new positives individuals, 154 (41%) were post test counseled and received their results. A total of 44,820 STD clinic patients tested for HIV in 2007 and 195 (0.4%) tested positive.

- Eighteen anonymous testing sites (ATS) provided HIV prevention counseling and testing services across Virginia in 2007. The ATS conducted 1,964 HIV tests which resulted in identifying 24 (1.2%) new positives.

- Partner services were offered to 1,082 (87%) newly reported HIV positive patients. Of the persons who agreed to partner services, 681 partners were identified and 191 were confirmed positive.

VIRAL HEPATITIS PREVENTION PROGRAM

- In late 2007, the Viral Hepatitis Program partnered with the Division of Immunization on an initiative to expand delivery of HBV vaccination in STD clinics to clients reporting one of the following risk factors: intravenous drug use; men who have sex with men; and multiple sex partners, defined as 2 or more in the past 6-month period.

- The HCV Pilot Initiative continued in 2007 and consists of three elements:
  - HCV testing in STD clinics for high-risk individuals within six health districts.
  - Twinrix® vaccination against hepatitis A and B viruses.

Continued, Field Services

- Enhanced notification and vaccination referral of residents who test HCV-positive through laboratories.

- 2007 HCV Pilot Program Initiative data are as follows:
  - Notification of 1,406 residents regarding HCV-positive exposure status.
  - Administration of at least one dose of Twinrix® vaccine to 365 clients.
  - Testing of 443 clients for exposure to HCV, 17% of which had positive test results requiring additional testing to confirm presence of the hepatitis C virus.

- The Program continues to offer trainings to local health department staff, technical assistance to state and local health entities, and respond to individual inquires about health and hepatitis.

TRAINING UNIT

- Training unit staff provided further assistance in the development of the VERT Certification modules and participated in the development of the Distance Learning Strategic Planning. The Division Trainer established a Program Manual Revision committee to review and update the Division's guidance document.

- The unit continued to work with CDC and the National STD/HIV Prevention regional training centers to provide "Introduction to STD Intervention (ISTDI)"course and the "STD Intensive" clinical training. Health counselors attended the "ISTDI" training held in Richmond. Two "STD Intensive" courses were delivered in Virginia through collaboration with the Region III STD/HIV Prevention Training Center in Baltimore and Virginia HIV/AIDS Resource and Consultation Center.

- The Training unit continued to provide trainings on rapid HIV for contracting CBOs and health departments; the unit also assisted with two hepatitis testing trainings.

Health Informatics & Integrated Surveillance Systems

Jeff Stover, Director

The mission of the Health Informatics and Integrated Surveillance Systems (HIISS) unit is to improve program capacity through enhanced surveillance initiatives, data quality management, advances in public health informatics and epidemiologic research. Primary functions include epidemiologic/statistical analyses, data quality management and enhanced disease surveillance initiatives. Advancements in the use of information science and technology are employed to provide innovative and enhanced approaches to focal areas such as survey research, descriptive and analytic epidemiology, geospatial analysis, and health economics.

HIISS prepares the majority of the Division's data-related reports, as well as geographic information systems (GIS) initiatives such as geocoding services, mapping and spatial analyses. HIISS staff also provided such services to local health departments, the media, health care providers, CBOs, legislators, grant applicants, students and other agencies. The Division's security and confidentiality guidelines, as well as data matching and transfers, are all conducted or maintained by HIISS. An emphasis on analytic proficiency through the use of SAS and data visualization techniques is ongoing.

2007 HIGHLIGHTS

- HIISS staff conducted the following presentations during 2007:
  - "GIS and Privacy in Public Health". ASTHO webinar - May 2007. According to ASTHO, this was their most attended webinar to date.
  - "Using GIS to Guide Program Policy". National Coalition of STD Directors meeting - October 2007.
  - "The Evolution of Public Health Informatics". Virginia Commonwealth University Public Health Seminar Series. November 2007.
  - "Turning Data Into Information - An "event-driven" Approach to Informatics Education". Abstract presented at the 4th Annual Public Health Information Network (PHIN) Conference. September 2007.
  - "HEALTH DISPARITIES AND PLANNING IN VIRGINIA: Poverty, HIV/AIDS, and Sexually Transmitted Diseases (STDs)". American Public Health Association Annual Conference. November 2007.
  - "Data Suppression Strategies used during Surveillance Data Release by Sexually Transmitted Disease Prevention Programs". HIV Surveillance Conference. December 2007.

Continued, Health Informatics & Integrated Surveillance Systems

- Publications: Delcher, C., Edwards, K., Stover, J., Newman, L., Groseclose, S. Data Suppression Strategies Used During Surveillance Data Release by Sexually Transmitted Disease Prevention Programs. Journal of Public Health Management and Practice. 2008. 14(1), E1-E8.
- HIISS staff developed the Poverty Predictive Indices to predict the number of ADAP clients to be served by increasing the federal poverty level above current levels of 300%.
- HIISS staff conducted two introductory SAS courses for district epidemiologists.
- HIISS staff were selected by a CDC project officer to represent all states for Capacity Building on the planning committee for the national HIV Surveillance Coordinators meeting in December 2007.
- In 2007, HIISS staff were selected by NASTAD to provide technical assistance to the DC Department of Health. The purpose of the TA was to demonstrate Virginia's population prioritization process as an effective model.
- Three Access databases were built by HIISS staff in 2007 to: identify and track common data entry errors in STD*MIS; track HIV Incidence and Resistance Surveillance program activities; and guide interviewers conducting phone interviews with individuals recently diagnosed with *Neisseria* gonorrhea (NG) outside of the STD public health department setting.

STD SURVEILLANCE NETWORK (SSuN)

This funding is used to obtain a more comprehensive picture of the STD population with an initial focus on gonorrhea (NG). Demographic and behavioral risk data is being captured via a self-administered questionnaire given to all STD clinic attendees in Chesterfield County, Henrico County and Richmond City. Additional activities were initiated in 2007, including data collection and surveillance for genital warts within the participating STD clinics and enhanced NG surveillance targeting individuals diagnosed outside of the STD clinic public health department settings in Chesterfield County, Henrico County and Richmond.

- STD Clinic Enhanced Surveillance Activities:
  - HIISS staff conducted routine conference calls with the three local health department STD clinic staff to discuss SSuN related activities.
  - There were 10,112 surveys completed from project inception in April 2006 through December 31, 2007. Of all patients' visits with a completed survey, 912 (~9%) had a diagnosis of NG and 255 (2.5%) were diagnosed with genital warts.

Continued, Health Informatics & Integrated Surveillance Systems

- County Level Enhanced Surveillance Activities:
  - HIISS staff developed and conducted telephone surveys based on the enhanced surveillance questions asked in the STD clinics.
  - There were 188 interviews of NG positive patients (18.4% of the total 1022 reported cases) through the end of 2007.

- HIISS staff conducted three on-site presentations of SSuN project data. Local health departments were provided with detail maps of STD morbidity to assist with resource allocation and intervention activities.

HIV SURVEILLANCE CAPACITY BUILDING

Every three years, an Epidemiology Profile is developed to chronicle the status of HIV/AIDS in Virginia. The profile includes the current status, distribution, and impact of HIV/AIDS. The data and information in the profile is used by both prevention and care providers in planning services and in the allocation of resources to those at highest risk for acquiring HIV infection. *World AIDS Day* on December 1, 2007, marked the unveiling of the 2007 HIV/AIDS Epidemiology Profile for Virginia.

- Innovative techniques were used by members of the HIISS staff to improve the look and format of the 2007 profile. New software programs were used by the Epidemiology Profile Coordinator to ensure a professional display and appeal.

- Numerous enhancements were made to the new Profile including two sections on access to HIV care, additional data visualization, graphic design, CPG input on priority populations, rate calculations, poverty analyses, inclusion of HIV testing data, census tract level maps, early/late HIV diagnosis and additional sections on rural, African-born, TB/HIV co-infection and meth/HIV.

- To view or download the 2007 Epidemiology Profile in its entirety, visit: http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Profile2007.htm

LINKING HIV/AIDS SURVEILLANCE DATA WITH GEOGRAPHIC INFORMATION SYSTEMS (GIS)

This funding is used to demonstrate and evaluate methods for spatially linking existing HIV/AIDS surveillance data with other datasets to enhance epidemiologic capacity. The main goal of this project is to develop procedures and guidelines that allow the use of GIS in analyses while safeguarding security and confidentiality.

Continued, Health Informatics & Integrated Surveillance Systems

- HIISS staff worked with CDC, Washington State and Colorado to develop a Memorandum of Understanding that is now being used by all three project areas to geocode HIV/AIDS case reports and transfer census tract level data to CDC.

- HIISS staff assisted with the development of GIS questions for the CSTE survey disseminated to HIV surveillance programs nationally. Evaluation of the GIS-related questions will be conducted by the grantees.

- HIISS staff are working with CDC and the other grantees on documentation guidance related to GIS initiatives.
    - For additional information, please visit the project website at http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/GIS/index.htm

THE GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)

GISP was established in 1986 to monitor trends in antimicrobial susceptibilities of strains of NG in the United States, and to establish a rational basis for the selection of gonococcal therapies. GISP is a supplement of the Comprehensive STD Prevention Systems grant funded by the Centers for Disease Control and Prevention (CDC). In May 2007, Virginia was named as a new participant in GISP. The project was implemented at the Richmond City Health Department (RCHD) STD clinic in November 2007.

- HIISS worked collaboratively with the Division of Consolidated Laboratory Services (DCLS) and RCHD to modify existing protocols to include GISP activities.

- Based on protocol, urethral specimens were collected from the first 25 men with symptoms of urethral NG attending the STD clinic each month. Cultures were initiated on urethral specimens and shipped to DCLS.

- DCLS followed established protocols for the incubation, examination & analysis of specimens to ensure a pure culture was obtained. NG isolates were shipped to the University of Alabama and tested for susceptibility to penicillin, tetracycline, spectinomycin, ciprofloxacin, ceftriaxone, cefixime and azithromycin.

- There were 28 NG isolates identified of which 18% were found to be resistant to ciprofloxacin from November to December 2007.

HIV Care Services

Diana Jordan, Director

HIV Care Services (HCS) coordinates statewide HIV health and support services and manages the Ryan White (RW) Part B (formerly Title II) program which includes the AIDS Drug Assistance Program (ADAP), consortia-based and Emerging Communities (EC) services, and Minority AIDS Initiative (MAI) services. In addition, HCS contracts for and manages the State Pharmaceutical Assistance Program (SPAP), early intervention services and health care provider education.

HEALTH CARE PLANNING

- In 2007, HCS revised the VDH HIV/AIDS Case Management Standards. With the reauthorization of the Ryan White CARE Act in 2006 (now the Ryan White Treatment Modernization Act), core medical services are emphasized, including medical case management. The revised standards now reflect this change by requiring the link between case management services and medical outcomes which supports stronger integration with clients' medical services. In 2008, these standards will be adopted by all RW Part B-funded programs as well as RW Part A providers in the Norfolk Transitional Grant Area (TGA).

- In the autumn, 77 people attended public hearings held across the state to gain input into the planning process. The top issues identified were:
    - Inadequate funding
    - Need for improved provider training (especially cultural competency)
    - Need for improved integration of services
    - Lack of support services such as housing and transportation
    - Need for more education for consumers (especially job training)

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

- ADAP provides access to medications for low-income persons living with HIV/AIDS (PLWH/As), and is supported through a combination of state and federal RW funding. Patients access medications through local health departments and the Virginia Commonwealth University Health System. In 2007, the formulary covered 102 medications.

- In 2007, 3,219 clients received 51,068 prescriptions through ADAP. In addition, ADAP assisted 96 newly released HIV-positive inmates with access to medications and primary care through the Seamless Transition Program.

Continued, HIV Care Services

- **The demographics of the Seamless Transition Program are described below:**

Age	0-12	13-24	25-44	45>
%	0.6	3.3	51.9	44.2

Gender	Male	Female	Unknown /Other
%	68.9	30.8	0.3

Race	Black	White	Hispanic	Asian, Pacific Islander	American Indian, Aleutian, Eskimo	Unknown /Other
%	56.0	27.4	8.5	0.9	0.4	15.3

STATE PHARMACEUTICAL ASSISTANCE PROGRAM (SPAP)

- The Virginia SPAP provides Medicare Part D assistance for ADAP-eligible clients who hold a Medicare Part D policy, and who have an income between 135% and 300% of the federal poverty level.

- Services include premium payment assistance, as well as cost-sharing assistance including deductibles and medication co-payments/coinsurance. Clients are able to obtain all medications under their Medicare Part D policy with SPAP financial assistance and will no longer access medications through ADAP, thereby conserving this resource.
    - Additionally, because the SPAP is funded only with state dollars, this assistance will apply toward true out of pocket (TrOOP) costs under Medicare Part D and will help clients reach the catastrophic (maximum) level of coverage. Fewer dollars will be spent on obtaining medications than if these clients continued to get their medications through ADAP.

- Since May, 2007, the SPAP has been administered through a contractor, Patient Services Incorporated (PSI). PSI manages all aspects of eligibility determination, enrollment and benefits coordination. Due to funding reductions, some SPAP clients are on a waiting list for medication cost-sharing assistance.
    - However, all SPAP clients receive premium assistance, and those clients on the cost-sharing waiting list continue to obtain medications through ADAP with no treatment interruption. One hundred three (103) clients have been enrolled in the SPAP, and about one-third of those clients are receiving cost-sharing assistance.

Continued, HIV Care Services

- **The demographics of SPAP are described below:**

Age	0-12	13-24	25-44	45>
%	0.0	0.0	21.4	78.6

Gender	Male	Female	Unknown /Other
%	87.4	12.6	0.0

Race	Black	White	Hispanic	Asian, Pacific Islander	American Indian, Aleutian, Eskimo	Unknown /Other
%	31.1	51.5	0.95	0.0	0.95	15.5

RYAN WHITE PART B REGIONAL CONSORTIA

- RW Part B funding also provides regional consortia-based services administered through lead agencies. The consortia and lead agencies in 2007 were:
  - Central Virginia HIV Care Consortium: Virginia Commonwealth University
  - Eastern Regional HIV Care Consortium: Eastern Virginia Medical School
  - Northwest HIV Care Consortium: James Madison University
  - Northern Virginia HIV Consortium: Northern Virginia Regional Commission
  - Southwest/Piedmont HIV Care Consortium: Council of Community Services

- The Central Consortium also received EC funding to provide additional HIV services in the region to 236 clients. During 2007, over 50 Consortium subcontractors provided primary medical care and support services to 3,400 clients in Virginia.

- Two minority CBOs and one university-based research institution were funded through Part B Minority AIDS Initiative (MAI) funding to increase access to the Virginia ADAP, primary medical care and related HIV services for racial and ethnic minorities through outreach and case-finding activities. These providers used innovative strategies to find persons who know their HIV-positive status but are not currently receiving health care, to re-engage and retain them in care. Eighty-four HIV-infected individuals were reached and reconnected to care in 2007.

Continued, HIV Care Services

Demographics for clients receiving services through Consortia providers:

Age	0-12	13-24	25-44	45>
%	1.7	3.2	47.5	47.6

Gender	Male	Female	Unknown /Other
%	62.8	36.5	0.7

Race	Black	White	Hispanic	Asian, Pacific Islander	American Indian, Aleutian, Eskimo	Unknown /Other
%	62.7	33.1	6.5	0.5	0.3	3.4

(Clients may report >1 racial/ethnic category)

Service Categories*

Medical Care	Substance Abuse	Mental Health	Case Mgmt (Med & Non-Med)	Transportation
51.8 %	1.2 %	5.0 %	41.6 %	11.7 %
Outreach	**Food Bank, Nutrition**	**Dental Care**	**Medication Copays**	**Treatment Adherence**
4.7 %	3.5 %	15.0 %	22.1 %	6.4 %

*Represents percentage of clients requesting specific services, and multiple services could have been provided to the same client. This does not include all services available.

EARLY INTERVENTION SERVICES

- Early diagnosis and treatment helps prevent the spread of HIV/AIDS in the general population. Additional support services are provided to empower clients with knowledge, self-care and support skills to reach their maximum level of functioning and well-being. In 2007, state-funded services were provided at two existing sites: Central Virginia Health District located in Lynchburg and Arthur Ashe Clinic in Richmond.

Continued, HIV Care Services

VIRGINIA HIV/AIDS RESOURCE AND CONSULTATION CENTER (VHARCC)

- VHARCC received funding to educate health care providers in all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases through consultation, education, and clinical training sessions.

- During 2007, the VHARCC provided training to a wide variety of agencies including correctional facilities. Training focused on HIV prevention counseling skills, case management skills, and U.S. Public Health Service HIV Treatment Guidelines. Clinical training was offered by VHARCC in collaboration with the Pennsylvania Mid-Atlantic AIDS Education and Training Center. Physicians and nurses attending these programs were able to earn continuing education credit.

- A total of 231 programs were offered.

- A total of 3,269 individuals received training through the VHARCC.

HIV Prevention Services

Elaine Martin, Director

The HIV Prevention Unit is responsible for the following: establishing target population and intervention priorities, awarding and monitoring contracts for HIV prevention services and community-based HIV testing, provision of capacity building, technical assistance for community-based organizations (CBOs), conducting training on evidence-based prevention interventions, coordinating public information campaigns, managing the HIV, STD and Viral Hepatitis Hotline, developing educational materials, coordinating community planning for HIV prevention, and conducting program evaluation.

HEALTH EDUCATION/RISK REDUCTION

- The Division managed 40 contracts with 22 organizations for HIV prevention services including Comprehensive Risk Counseling and Services (CRCS), HIV testing, individual, group and community-level interventions, basic and intensive street outreach, presentations, lectures and health fairs.

- Four contracts were funded under the African American Faith Initiative grant program beginning January 1, 2007; specifically targeting leaders of faith institutions, congregants and the surrounding communities. Additionally, the AIDS Services and Education Grant Program funded three new contracts for the state fiscal year beginning July 1, 2007. This program targeted underserved populations such as transgender persons, incarcerated and high-risk individuals in rural areas.

- CBOs conducted 8,913 HIV tests during 2007 and identified 58 (.65%) new positives. Despite a testing slow down during the first few months of 2007, due to the lack of access to OraSure confirmatory testing, this was a 15% increase over the number of tests conducted by CBOs in 2006.

- Data Summary

Intervention Type	Individuals Reached/ Contacts Made
HIV Testing	8,913
Basic Street Outreach	74,348
Intensive Outreach, Individual & Group Interventions	10,671
Comprehensive Risk Counseling and Services	458
Community Level, Health Communications, Social Marketing	14,647

Continued, HIV Prevention Services

PUBLIC INFORMATION

- The Division supported radio advertisements for National HIV Testing Day and National Latino HIV/AIDS Awareness Day. The ads focused on CDC's guidelines recommending HIV testing for everyone between the ages of 13 and 64. There was a 10.5% increase in hotline calls in 2007 compared to 2006 for National HIV Testing Day.

- Partner Counseling and Referral Services (PCRS) is an effective tool for identifying individuals exposed to HIV and STDs and providing testing, treatment and linkage to care. In the summer of 2007, the Division piloted a "Disclosure Assistance Services" (DAS) campaign with the Alexandria and Arlington Health Districts to enhance clients' understanding of PCRS and market it more effectively, thus reducing the stigma associated with the process.

    - Campaign materials included a pocket sized pamphlet, a series of nine post cards with vignettes of how people were impacted by Disclosure Assistance, and four posters. A DAS page was also posted to the VDH website. Web hits and survey results indicate the campaign materials were well received. DAS materials will be marketed statewide in 2008.

HOTLINE SERVICES

- The Hotline staff answered 4,754 calls and mailed more than 598,041 pamphlets and posters.

    - Forty-eight percent of calls were for general information, 35% requested information on HIV testing, 23% requested information about STD testing, and 23% of callers asked about HIV information.

    - For the first time, most callers (21%) obtained the Hotline phone number from the internet. Twenty percent got the number from the phone book and 16% from health departments.

CAPACITY BUILDING

- The Division offered multiple trainings in the Program Evaluation and Monitoring System (PEMS) with 68 persons attending one or more courses.
- The Division hosted four Grant writing workshops across the state reaching at least 55 persons representing CBOs and local health departments.

Continued, HIV Prevention Services

- Twenty women attended two Diffusion of Effective Behavioral Interventions)DEBI) training of facilitators for *SISTA;* an intervention for African American heterosexual women.
- Fourteen persons representing CBOs and state/local health departments participated in the *Caring for Self While Caring for Others* workshop in the fall.
- Thirty-five individuals attended the Division's annual four-day *Core Strategies for Street and Community Outreach* training in July.
- *OraQuick HIV Testing* training was provided for 24 people in June.

COMMUNITY PLANNING

- On December 1, World AIDS Day, the Division released the 2008 Comprehensive HIV Prevention Plan. This plan replaced the Virginia HIV Community Planning Committee's 2003 plan.
- Details of the new plan include improved distinction among racial/ethnic minority groups, the inclusion of transgender persons as a priority population, inclusion of specific DEBIs in the Menu of Interventions and recommendations for HIV prevention in rural communities

PROGRAM EVALUATION MONITORING SYSTEM

- PEMS is the Centers for Disease Control and Prevention's (CDC) secure Internet browser-based software program consisting of standardized data variables for data entry, collecting, and reporting for HIV prevention programs. PEMS data collection and entry is a mandatory activity for all contractors and programs funded by VDH HIV prevention programs.

- 2007 marked the third complete year Virginia's CBOs used PEMS. Under the seven prevention grants, 22 contractors collected and entered data for 40 HIV prevention contracts.

- To assist CBOs manage PEMS, Virginia established the Virginia PEMS Peer Advisory Taskforce (V-PPAT) in the summer of 2007. V-PPAT is a collaborative taskforce consisting of peer nominated VDH staff and HIV prevention contractor staff from across the Commonwealth.
    - The taskforce has two central purposes: (1) create a roundtable to discuss PEMS system barriers, solutions, and utilization methods among peers, and (2) establish measurable benchmarks to assess the progression of PEMS use and compliance in Virginia and, in turn, identify training and technical assistance needs.

HIV/AIDS Surveillance

Dena Bensen, Director

The Virginia HIV/AIDS Surveillance Program (VSP) functions as the central repository for reports of all adults and children diagnosed with or exposed to HIV/AIDS in Virginia. VSP encourages the ongoing and systematic collection of HIV/AIDS reporting from public and private providers and laboratories across the state.

The primary functions of Virginia's HIV/AIDS Surveillance Programs are 1) to provide accurate epidemiologic data to monitor the incidence and prevalence of HIV infection and AIDS-related morbidity and mortality, and 2) to use these data trends to assist in public health planning, education, and treatment for those Virginians infected with HIV/AIDS. The following HIV surveillance programs work together towards achieving the goals described below.

CORE HIV/AIDS SURVEILLANCE

- The VSP utilizes standardized CDC guidelines for collecting accurate, timely, high-quality data on individuals who are infected with HIV/AIDS and for infants perinatally exposed to HIV infection. In addition to gathering data critical for planning efforts and funding allocation, core surveillance activities include evaluating the completeness of HIV/AIDS reporting in Virginia, investigating modes of transmission, and conducting follow-up investigations.

- The *Code of Virginia* was revised effective May 2, 2007 to mandate laboratory reporting of all HIV viral load and all CD4 reports. The Virginia Department of Health Disease Reporting Regulations can be found at http://www.vdh.virginia.gov/epiedmiology/Regulations.htm .The revised guidelines state:
  - Method of Detection for HIV: Culture, antigen detection, nucleic acid detection, or detection of antibody confirmed by a supplemental test. For HIV-infected patients, report all results of CD4 and HIV viral load test results.

- In October, 2007, the CDC replaced the DOS based HIV/AIDS Reporting System (HARS) with eHARS. eHARS is a relational SQL database that allows VSP to better manage and assess HIV infection in Virginia.

Continued, HIV Surveillance Services

- Routine surveillance activities for 2007 included:
  - Active & Passive Surveillance for both adults and perinatal exposures
  - Routine Interstate De-Duplication Review (aka "RIDR")
  - Registry matches for Virginia's Medicaid and Tuberculosis
  - Death Certificate reviews for Cause of Death
  - Assessment of Cases of Public Health Interest
  - Staffing of HIV information booths at relevant statewide meetings and conferences.

- Representing cases from each of the five health planning regions, 853 new HIV cases and 601 new AIDS cases were added to VSP database in 2007.

HIV INCIDENCE AND RESISTANCE

- Virginia was one of 34 jurisdictions with continued funding for HIV Incidence and Resistance (I/R) surveillance during year 2007. The goals were to detect, at a population-based level, the rate of Virginians at initial HIV diagnosis who were recently infected (defined as six months or less), and to determine the rate of transmission of drug resistant strains of HIV among those newly diagnosed. I/R highlights for 2007 include:

  - The I/R program significantly increased private laboratory participation.
    - Several private and university-based labs were enrolled into the program and have agreed to submit specimens for incidence testing. Obtaining remnant blood from such a high number of serum tests will significantly impact the quality of the incidence estimations for population groups in Virginia.
    - As of December, approximately 99% of all new HIV positive samples diagnosed by serum western blot were routinely being submitted to the CDC-designated lab for incidence testing.
    - DCLS, the state's public health lab, continued their program participation by shipping remnant specimens on all western blot positive public health patients.

  - I/R staff implemented a revised Testing and Treatment History (TTH) form for field staff.
    - The new form contains only the five CDC-required data elements and was implemented statewide for Health Counselors in July. This form collects critical data on testing history behaviors and will assist in calculating more accurate incidence estimates

Continued, HIV Surveillance Services

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- I/R staff reviewed over 800 in-house records to obtain TTH information and submitted data to the CDC by CDC's deadline to be used for the upcoming incidence calculations.
- After staffing changes earlier in the year, the Incidence program was fully staffed by December with an Incidence Coordinator, Incidence Epidemiology Consultant, and Laboratory Liaison per CDC guidelines.
- For program information, please contact Kate Cooke at 804-864-8003 or kate.cooke@vdh.virginia.gov.

HIV BEHAVIORAL SURVEILLANCE

- The National HIV Behavioral Surveillance (NHBS) is a response to the CDC-led coalition that identified the need for a national HIV/AIDS prevention plan in 2001. Based on surveillance data, CDC has identified three behavioral groups that are at high risk for becoming infected with HIV: men who have sex with men (MSM), injecting drug users (IDU), and high-risk heterosexuals (HET). As one of 24 funded sites, the program is conducted in the Norfolk Metropolitan Statistical Area (MSA) and will be conducted over three 12 or 18-month cycles, utilizing different sampling methodologies for each project cycle. Highlights for 2007 include:
  - In cooperation with its research partner, Virginia Commonwealth University Community Health Research Initiative (VCU CHRI), the Division and VCU CHRI successfully conducted the NHBS Heterosexual ("HET") cycle. Data cleaning and analysis are on-going and will be utilized to improve prevention planning and education efforts.
  - The Virginia NHBS team also conducted a supplemental Heterosexual "Partner study" in conjunction with the HET project.
  - At the time of study closure on October 31, the VHBS team had completed 649 HET interviews and 105 "Partner Study" interviews.
  - HIV testing was conducted for the HET participants. The NHBS team exceeded CDC's testing goal by a large margin, with 99.7% acceptance. Of the 649 participants, 647 consented and received HIV testing.

- Results from these projects should be available in late 2008. The resulting NHBS data will be utilized for improved planning, prevention, and education efforts targeted at Virginians who are at high-risk of becoming HIV infected.

Continued, HIV Surveillance Services

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THE MEDICAL MONITORING PROJECT

- The Medical Monitoring Project (MMP) is a surveillance system that collects behavioral and clinical data from an annual probability sample of persons in care for HIV infection in the United States. Virginia is one of 26 national sites randomly selected to participate in MMP.

- The goal of MMP is to provide nationally representative estimates of clinical and behavioral outcomes among persons living with HIV infection. Clinical outcomes include quality of care, access to care, and use of HIV care and treatment. Behavioral outcomes include use of prevention services, medication adherence, and levels of on-going risk behaviors.

- To improve the quality and usefulness of data, MMP will increase the representativeness of data compared to legacy systems; increase the relevance of data for use at the local level (e.g., for Ryan White Treatment Modernization Act and HIV prevention planning groups); and collect data from people through both interviews and medical record reviews. Highlights for 2007 include:
  - In mid 2007, MMP information packages were delivered to the designated CDC-selected facilities.
  - In November 2007, CDC supplied the MMP with the list of 400 patients, randomly selected, to participate in Virginia's MMP.
  - By end of the year, staff began requesting patient information from providers to begin recruitment of selected participants.
  - Interviews began in December 2007 and patients who agreed to participate received an incentive in the form of a $25 Wal-Mart gift card.
  - In late 2007, MMP staff began data collection for the construction of the Facility Sample Frame for the 2008/2009 data cycle.
  - The deadline for 2007 data cycle interviews is May 31, 2008 and for the corresponding medical record chart abstraction is June 30, 2008.

Newcomer Health

Sidnee' M. Dallas, Director

The mission of the Newcomer Health Program (NHP) is to protect the public's health by empowering local health districts to provide thorough initial health assessments to all new refugees entering Virginia. The Department of Social Services, Office of Newcomer Services (ONS), administers federal Refugee Medical Assistance (RMA) funds in Virginia. ONS works through NHP to coordinate, facilitate, and monitor the provisions of initial health assessment services to newly arriving immigrants with a refugee or asylum status.

2007 HIGHLIGHTS

- Virginia's local health districts are encouraged to orient refugees to our health care system and provide referrals for follow-up of health problems identified during the comprehensive health assessment. Providing quick and appropriate treatment for health problems, such as TB disease and latent TB infection, ensure better health for the refugee, and protects the public's health

- Virginia continued to experience a steady flow of refugee arrivals during the 2007 SFY (July 1, 2006-June 30, 2007), with 1,304 persons with refugee status entering the Commonwealth. Of these, 193 claimed Cuba as their country of origin. Other countries of origin included: Ethiopia (177), Iran (77), Burma (61), Sudan (52), Tanzania (50), Eritrea (48), Kenya (44), Uzbekistan (38), and Russia (37). The remaining 403 hailed from another 48 different countries.

- During the 2007 SFY, 19 local health districts provided initial health assessments to new refugees. These assessments were provided on average of 41 days from the time of arrival into the U.S.

- Health districts reported that 1,136 refugees received Level I (TB skin test, follow-up chest x-ray and treatment if warranted) of the initial health assessment, which is the minimum required by NHP. Of the 1,136 refugees screened, 1,044 are reported to have received Level II (evaluation of health history and immunization status) of the screening, 740 received Level III (examination of the heart and lungs & evaluation for anemia and/or sexually transmitted diseases) and 1,068 received Level IV (referrals for follow-up of health problems identified & case management).

Pharmacy Services

Craig Parrish, Director

The purpose of Pharmacy Services is to support the Department of Health in its public health mission by the provision of pharmaceuticals, vaccines and pharmaceutical services to other divisions within the Department of Health and to local health departments.

In 2007, Pharmacy Services provided support services to the Department of Health in many and various ways, including, but not limited to the following:

- Supported the AIDS Drug Assistance Program (ADAP) by the purchasing and storage of pharmaceuticals; and the subsequent distribution of over 40,000 prescriptions annually to underserved HIV infected citizens of the commonwealth at a cost of approximately $19,000,000.

- Supported the Division of Tuberculosis Control by the filling of prescriptions sent in statewide from local health departments for primarily underserved citizens of the commonwealth with tuberculosis. The support for Tuberculosis (TB) Control continues to be expanded by the creation of special funding projects that identify specific issues in tuberculosis management such as TB resistance, rifampin utilization by migrant workers on the Eastern Shore, and a reserve cache of TB medications that can be used to provide an uninterrupted source of medications to patients displaced by a natural disaster until normal services can be restored. These are all important initiatives in the management of tuberculosis in the Commonwealth.

- Supported of the Emergency Preparedness and Response Program (EP & R) for Virginia expanded greatly in this past year. Pharmacy Services continues to work with EP and R and with the NBHPP in the procurement of antivirals for pandemic influenza. In addition Pharmacy Services is working with EP and R in the development of an antiviral distribution plan to be able to efficiently distribute the state's antiviral cache to the citizens of the Commonwealth. The development of this plan involves the coordinating of a network of over 500 dispensing sites that are situated both geographically and demographically across the state. A needs assessment and cost estimate has been completed for a software program that would be used by participating sites to track distribution of antivirals in order to minimize inappropriate use and diversion.

Continued, Pharmacy Services

- Also Pharmacy Services has worked with EP & R to solicit pharmacists and pharmacy technicians to work with the Medical Reserve Corp to expand the state's capability to react to a medical crisis. Job descriptions have been developed for personnel to assist with the dispensing of the Strategic National Stockpile. Pharmacy Services has also developed procedures to be used at emergency shelters to provide pharmaceutical services to those displaced by a natural or manmade disaster.

Other means by which Pharmacy Services provided support to VDH:

- Supported the mission of VDH by the dispensing of pharmaceutical products to over 130 local health department sites for the provision of mandated services.

- The purchase, storage and distribution of Medroxyprogesterone Acetate as well as an assortment of oral contraceptives and alternative contraceptive products to local health departments for the Office of Family Health Services.

- Dispensed of over 90,000 doses of flu vaccine to local health departments in the fall in response to seasonal flu.

- Filled and dispensed prescriptions for the Chesapeake Health Department in support of their medical clinic.

- Storage of pharmaceuticals for response to a bioterror event for the Richmond district of the United States Postal Service.

- Dispensed of prescriptions in support of the Care Connection for Children Project, Newborn Screening Project.

- Purchased and shipped drugs to Northern Virginia to respond to a natural or manmade disaster through a collaborative agreement with the NVRC (Northern Virginia Regional Commission) on behalf of their MMRS (Major Metropolitan Response System).

- Entered into an expanded arrangement with the Hemophilia Treatment Center to better serve those affected constituents.

- On going discussions and plans to purchase emergency drugs for both the Richmond MMRS and the Arlington MMRS.

Tuberculosis Control and Prevention

Margaret Tipple, M.D., Director

The purpose of the Tuberculosis Control and Prevention Program is to control, prevent and eventually eliminate tuberculosis (TB) from the Commonwealth of Virginia. The program does this through a variety of strategies aimed at detecting every case of TB that occurs in Virginia, assuring that every case is adequately and completely treated and preventing additional transmission of the disease in communities.

The TB Control and Prevention Program provide services to local health districts, health professionals in the private sector, laboratories and individuals impacted by TB in the Commonwealth.

CONSULTATION AND TECHNICAL ASSISTANCE

- The program provides consultation and technical support through case conferences with local districts; review and audits of records; clinical consultation and phone availability 24/7 to local health directors and other health department staff. The program also provides clinical consultation and phone availability to other physicians and health facilities throughout the Commonwealth. Consultation may include advice and assistance on diagnosis, treatment, case management, contact investigation, and discharge planning. The program develops policies and technical guidance to standardize care and case management.

DISEASE SURVEILLANCE

- In 2007, 309 cases of TB were reported in Virginia, for a case rate of 4.0 per hundred thousand.
- Tuberculosis cases were found in all regions of the state, with 62.7% of the cases reported from the Northern Region.
- Cases among US-born persons decreased 22% from 101 in 2006 to 79 cases in 2007.
- Foreign-born persons with TB represented 42 different countries of origin and spoke 18 languages other than English.

Continued, Tuberculosis Control and Prevention

- The 2007 Tuberculosis Surveillance Report is located at http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/Epidemiology/

DIRECT ASSISTANCE

- Program staff provided direct assistance to local health districts and health care facilities in the management of complex cases and contact investigations. In 2007, direct assistance was provided in the management of individual cases and contact investigations at work places, health care facilities, detention centers and schools throughout Virginia.

EDUCATION AND TRAINING

- The videoconference education program was continued with sessions held throughout the year. VHS and DVD copies of the programs were made available to health departments upon request.

- Four individuals from Virginia health districts attended the Comprehensive Training Program at the Southeastern National Tuberculosis Center in Lantana, Florida. The group included a health director, two TB clinicians, and one TB Nurse Coordinator.

- Three regional Outreach Worker Trainings were held in the fall. The trainings were held in October and November in Norfolk, Woodbridge and Charlottesville. Topics included: Infection Control, Newcomer Health, Translation and Interpretation Services, Working with Corrections, MDR and XDR, Legalities and Delegation, Patient Education Tools and Pediatric TB.

- The 5th annual TB and Newcomer Health Nurse Retreat was held in March. This retreat is a critical opportunity for nurses to further their professional development. Partners from the Southeastern National TB Center, CDC, and American Lung Association of Virginia participated. Program topics included Cross Cultural Communication; Interviewing Skills; MDR/XDR Updates in the U.S. and Virginia; Pediatric TB; HIV/TB Co-Infection; Fresh Ideas for LTBI Completion; and Recognizing and Dealing with Outbreaks. With the addition of a second nurse to the program, seven skin testing training courses were held throughout the state.

Continued, Tuberculosis Control and Prevention

- With the addition of a second nurse to the program, seven skin testing training courses were held throughout the state.
- A modular training curriculum was developed for use by local health departments in working with correctional facilities in their jurisdictions. This curriculum was piloted in several local health districts across the state.
- Various onsite trainings were conducted at local health departments.
- Case conferences were conducted throughout the state either by polycom or in person. The case conferences allow for medical consultation and discussion with local health departments about difficult TB cases.

COLLABORATION WITH THE DIVISION OF CONSOLIDATED LABORAOTRY SERVICES (DCLS)

- Virginia continues to participate in the national genotyping program in order to identify patterns of disease transmission and clustering of cases. Information obtained through the genotyping project is used to improve case and contact investigations.

HOMELESS INCENTIVE PROGRAM

- The goal of the homeless incentive program is to improve compliance and completion of therapy. Individuals are provided with housing and food assistance as needed and in compliance with eligibility requirements to ensure they comply with isolation restrictions and medication and treatment regimens.

DRUG FUNDING

- The TB Control program administers funding to assist individuals diagnosed with active TB disease obtained necessary TB medications required to ensure a complete course of treatment. Separate funds are available to assist patients and local districts in the purchase of more expensive second line drugs for those who are resistant to one or more of the first line medications used to treat active TB disease.

Continued, Tuberculosis Control and Prevention

OTHER ACCOMPLISHMENTS

- In addition, TB staff achieved the following during 2007
    - Staff presented "Treatment of Drug Resistant TB in Outpatient Settings" at the National TB Controllers Meeting, Atlanta, GA, June 2007.
    - Staff presented "Outpatient Management of Drug Resistant TB" at the West Virginia Annual Tuberculosis Meeting, Charleston, VA, November 2007.
    - Staff presented "TB for Healthcare Providers" at the Fall Respiratory Disease Conference at the Winchester Medical Center, Winchester, VA, November 2007.
    - Staff presented "Guidelines for the Prevention of Tuberculosis in Healthcare Settings" to the Association of Occupational Health Professionals in March, 2007
    - Staff presented "Update to the Southeastern TB Controllers - The Virginia Report," September 2007.
    - The TB Nurse Consultant served as Immediate Past President of the National TB Nurse Coalition (NTNC) from January- December 2007.